

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34721

FILED OCT 23 1957

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>100</u>	
1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE <u>Missouri</u> b. COUNTY <u>HOLT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>FAIRFAX</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY OR TOWN <u>MOUND CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>2 MILE NORTH</u> <u>044</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGH</u>		b. (Middle) _____		c. (Last) <u>MCGINNESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 17 1957</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 5 1887</u> <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ALEXANDRIA, NEB.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RICHARD MCGINNESS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NELLIE MCGINNESS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-42-0605</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NELLIE MCGINNESS</u> ADDRESS <u>MOUND CITY MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>White Coronary Occlusion</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21c. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. DATE SIGNED <u>10/18/57</u>			
22. I hereby certify that I attended the deceased from <u>OCT. 17, 1957</u> , to <u>OCT. 18, 1957</u> , that I last saw the deceased alive on <u>OCT. 18, 1957</u> , and that death occurred at <u>12:05 A.M.</u> , from the causes and on the date stated above.						23c. DATE SIGNED _____	
23a. SIGNATURE <u>W. Kinner</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Mound City Mo</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 19, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 19, 1957</u>		REGISTRAR'S SIGNATURE <u>Harvill H. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Baughman</u> ADDRESS <u>Mound City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4796

P. O. Address Mound City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.